



## ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
200 FAIR OAKS, 2<sup>ND</sup> FLOOR  
FRANKFORT, KY 40601  
TELEPHONE NUMBER (502) 564-6716

Application To Transfer  
Special Waste Permit  
DEP 7094C (3/92)

### GENERAL INFORMATION

1. **APPLICABILITY** - This transfer application form must be completed and submitted to the Cabinet by persons who are assuming ownership of an existing permitted special waste site or facility.
2. **ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.
3. **SUBMISSION** – Please type or print legibly in permanent ink. Submit the original and three (3) copies of the completed form to the Division of Waste Management at the address listed above. If an item is not applicable to your facility write "N/A" for not applicable in the space provided
4. **FILING FEES** - Applicants must submit appropriate filing fees at the time of application submittal in accordance with 401 KAR 45:250
5. **LAWS AND REGULATIONS** - Applicants are expected to understand and comply with all laws and regulations applicable to special waste management, treatment and disposal.. Reference 401 KAR Chapter 45 and 401 KAR 30:031.

APPLICATION TO TRANSFER  
SPECIAL WASTE PERMIT

DEP 7094C (3/93)

CONTENTS

- A. General Information
- B. Ownership Information
- C. Existing Permit Information
- D. Financial Responsibility
- E. Operational Responsibility
- F. Public Notice
- G. Certification

APPLICATION TO TRANSFER  
SPECIAL WASTE PERMIT

A. GENERAL INFORMATION

Application No. \_\_\_\_\_ (To be assigned by Cabinet)

Fee submitted \$ \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Check \_\_\_\_\_ Certified Check

Money Order No. \_\_\_\_\_

1. Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person \_\_\_\_\_

2. Mailing Address (If different from above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person \_\_\_\_\_

3. Correction to applications are to be made by:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Applicant legal status: \_\_\_\_\_ Government \_\_\_\_\_ Private

DEP 7094C (3/92)

5. Do you now hold, or have you held, any other permit or approval to dispose of waste from the Division, including a landfarming permit, registered permit-by-rule, sludge giveaway, or permit modification to landfill? If so, state type, permit number if applicable, and date permit or approval was granted.

Type	Permit Number if Applicable	Date of Approval	Landfill Name if Applicable	Landfill Permit Number if Applicable

B. OWNERSHIP INFORMATION

1. Indicate by checking the appropriate blank the legal organizational structure of the applicant:

\_\_\_\_ Proprietorship

\_\_\_\_ Partnership      \_\_\_\_ General      \_\_\_\_ Limited

\_\_\_\_ Corporation

\_\_\_\_ Joint Venture

\_\_\_\_ Government Agency

\_\_\_\_ Other. Describe: \_\_\_\_\_

2. If the owner is a corporation, is it registered with the Kentucky Secretary of State?

\_\_\_\_ Yes      \_\_\_\_ No

DEP 7094C (3/92)

3. For the applicant and each person meeting the definition of key personnel, provide a Past Performance Information form as required by KRS 224.40-330(1) and (3). The Cabinet has developed form DEP 7094J for submittal of this information. Complete this form and include it as part of this application as Attachment 1.

NOTE: DEP Form No. 7094J may be obtained by contacting the Division of Waste Management at the address specified on the "Instructions" page of this application.

---

C. EXISTING PERMIT INFORMATION

---

1. Provide a copy of the current permit for which a transfer is being considered. Label as Attachment 2.
  2. Provide an affidavit signed by the current permittee stating that ownership of the special waste site or facility is being transferred to another person. The affidavit shall contain the name, address and telephone number of the person or entity that is to become the new owner of the site and facility. Label as Attachment 3.
  3. Provide a copy of the deed or lease of the site or facility. Label as Attachment 4.
- 

D. FINANCIAL RESPONSIBILITY

---

Provide, as Attachment 5, copies of the financial assurance mechanisms executed by the applicant to satisfy the requirements of 401 KAR 45:080.

---

E. OPERATIONAL RESPONSIBILITY

---

Provide, as Attachment 6, an affidavit signed by the applicant that acknowledges the contents of the permit for which a transfer is being considered. This affidavit must also state that the applicant agrees to comply with all laws and regulations applicable to the ownership, operation and management of the special waste site or facility, and that the applicant agrees to comply with the provisions of the existing permit that is being transferred.

---

**F. PUBLIC NOTICE**

---

A public notice is required for an application to transfer a special waste site or facility permit in accordance with KRS 224.40-310. A draft notice is found in Attachment 7. Complete the public notice form; however, only those applicants notified by correspondence from the Cabinet may publish the notice.

---

**F. CERTIFICATION**

---

"I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."

Original Signature of Responsible Official \_\_\_\_\_

Date \_\_\_\_\_

Typed Name of Responsible Official \_\_\_\_\_

Title \_\_\_\_\_

Name of Applicant, i.e. Corporation or Unit of Government \_\_\_\_\_

Subscribed and sworn to before me by: \_\_\_\_\_

this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Attachment 7**

**PUBLIC NOTICE**

**Pursuant to application no.** \_\_\_\_\_

The Energy and Environment Cabinet, Division of Waste Management has received an application to transfer a special waste site or facility permit from and has prepared a draft permit for:

Name of Applicant \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This application, if approved, would allow the transfer of the permit to accept the following types of waste and the following activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The proposed facility may be accessed from \_\_\_\_\_  
by traveling \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional information regarding this application may be obtained from:

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

DEP 7094C (3/92)

All data submitted by the applicant and other documents concerning this application are available for public inspection during normal business hours at the following location:

Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The permit application is being processed at the following location:

Division of Waste Management

Solid Waste Branch

200 Fair Oaks

Frankfort, KY 40601

A public hearing has been scheduled to receive public comments and will be conducted at the following location and time:

Place \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Any person who wishes to comment on the transfer and the draft permit decision for this special waste site or facility may file comments with the Cabinet and, if desired, request a public hearing within thirty (30) days of the publication of this notice pursuant to Section 6 of 401 KAR 45:050.

Please refer to Application No. \_\_\_\_\_ on all correspondence.

Publication pursuant to KRS 224.40-310.